## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where ar in m

| appropriate. All further indicated unless correct maintenance fee notifica                                                                                                                                                                                                                                                                                                                                                                                                                | ed below or directed oth                                | ng the Patent, advance of<br>herwise in Block 1, by (a | rders and notification of n<br>a) specifying a new corres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | naintenance fees will be pondence address; and/or                                                                                                                                                                                                                                             | mailed to the current<br>r (b) indicating a sepa                                                                         | correspondence address as<br>arate "FEE ADDRESS" for                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                          |                                                                                                                                                      |
| 909<br>PILLSBURY Y<br>P.O. BOX 1050<br>MCLEAN, VA                                                                                                                                                                                                                                                                                                                                                                                                                                         | WINTHROP SHA<br>0                                       |                                                        | \ tran:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Certificate<br>reby certify that this Fee(<br>es Postal Service with suf-<br>ressed to the Mail Stop<br>smitted to the USPTO (57                                                                                                                                                              | of Mailing or Trans<br>s) Transmittal is being<br>ficient postage for fir<br>ISSUE FEE address<br>1) 273-2885, on the co | g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile                                                             |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         | ( NON O                                                | 7 7 7 1000 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                          | (Depositor's name)                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         | A. S.              | <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                          | (Signature)                                                                                                                                          |
| • '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         | EAT & TRA                                              | DEMAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                          | (Date)                                                                                                                                               |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FILING DATE                                             |                                                        | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | АТТО                                                                                                                                                                                                                                                                                          | RNEY DOCKET NO.                                                                                                          | CONFIRMATION NO.                                                                                                                                     |
| 10/084,656                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/084,656 02/28/2002                                   |                                                        | Gart-Jan Heerens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Gart-Jan Heerens P 290724 P-0241.010-US                                                                                                                                                                                                                                                       |                                                                                                                          | 2502                                                                                                                                                 |
| DEVICE MANUFACTU                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | URING METHOD AND                                        | DEVICE MANUFACTU                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PREV. PAID ISSUE FEE                                                                                                                                                                                                                                                                          | · · · · · · · · · · · · · · · · · · ·                                                                                    |                                                                                                                                                      |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SMALL ENTITY                                            | ISSUE FEE DUE                                          | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                               | TOTAL FEE(S) DUE                                                                                                         |                                                                                                                                                      |
| nonprovisional EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NO<br>MINER                                             | \$1400<br>ART UNIT                                     | \$300<br>CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$0 ·<br>]                                                                                                                                                                                                                                                                                    | \$1700                                                                                                                   | . 11/07/2006                                                                                                                                         |
| ROSASCO, STEPHEN D                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         | 1756                                                   | 430-005000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                                                                                                      |
| 1. Change of correspondence address or indication of "Fee Address                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |                                                        | 2. For printing on the p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | atent front page, list                                                                                                                                                                                                                                                                        | DTITC                                                                                                                    | מסמשתאדעו עמווכ                                                                                                                                      |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The example of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The example of correspondence address (or Change of Correspondence Address) attached.  The example of correspondence address (or Change of Correspondence Address) attached.  The example of correspondence address (or Change of Correspondence Address) attached. |                                                         |                                                        | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  PILLSBURY WINTHROP  2 SHAW PITTMAN LLP  3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                                                                                                      |
| 3. ASSIGNEE NAME A                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AND RESIDENCE DATA                                      | A TO BE PRINTED ON                                     | THE PATENT (print or typ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | pe)                                                                                                                                                                                                                                                                                           |                                                                                                                          | · · · · · ·                                                                                                                                          |
| PLEASE NOTE: Un recordation as set for                                                                                                                                                                                                                                                                                                                                                                                                                                                    | lless an assignee is ident th in 37 CFR 3.11. Comp      | ified below, no assignee pletion of this form is NO    | data will appear on the part a substitute for filing an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | atent. If an assignee is it assignment.                                                                                                                                                                                                                                                       | dentified below, the d                                                                                                   | ocument has been filed for                                                                                                                           |
| (A) NAME OF ASSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         | •                                                      | (B) RESIDENCE: (CITY and STATERORIGOUNTIRE) 2 99900100 033975 10084656                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                                                                                                      |
| ASML NETHERLANDS B.V.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                                        | 01 FC:1501 1400.03 DA VELDHOVEN, THE NEPHERIEANDS 360.00 DA rinted on the patent): Individual Corporation or other private group entity Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                                                                                                      |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | riate assignee category or                              | categories (will not be pr                             | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Individual Corporati                                                                                                                                                                                                                                                                          | on or other private gr                                                                                                   | oup entity Government                                                                                                                                |
| 4a. The following fee(s) are submitted:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of CopiesFIVE                                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                        | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | atus (from status indicate                              |                                                        | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ger claiming SMALL EN                                                                                                                                                                                                                                                                         |                                                                                                                          | <u>-</u>                                                                                                                                             |
| NOTE: The Issue Fee ar interest as shown by the                                                                                                                                                                                                                                                                                                                                                                                                                                           | nd Publication Fee (if req<br>records of the United Sta | uired) will nogbe accepte                              | d from anyone other than to Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | he applicant; a registered                                                                                                                                                                                                                                                                    | attorney or agent; or the                                                                                                | he assignee or other party in                                                                                                                        |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Jean-Paul                                               | <del>\</del>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration No4                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                                                      |
| Alexandria, Virginia 223                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 313-1430.                                               |                                                        | on is required to obtain or real 1.14. This collection is estending upon the indiversity of the collection of the complete of the complete of the complete of the complete of the collection of infection of the collection of infection of the collection of the collec |                                                                                                                                                                                                                                                                                               |                                                                                                                          | d by the USPTO to process)<br>ag gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.